



State Employee Benefits Committee
FY19 Preventive Care Modifications

February 12, 2018

FY19 Preventive Care Modifications for Review :

- Statin Coverage
- 3D Mammography Coverage

Statin coverage

- Non-grandfathered plans are required under the Affordable Care Act (ACA) to cover certain preventive items at zero cost share for patients
 - Statin preventive requirement was the most recent requirement
 - In order to remain in compliance with the ACA requirements, the GHIP must cover statin as preventive medications
- ESI has presented two options for covering statins as preventive medications:
 - Option 1: Waive copay (\$0 copay) for all generic statins for members in a certain age range, which would catch both preventive and non-preventive usage (i.e., cast a wider net than required under ACA)
 - \$286k cost increase to the GHIP
 - Option 2: Waive copay for all generic statins for members in age range plus other constraints, which would narrow the set of members who would receive \$0 copay, and some non-preventive users in age range would have to pay original copay
 - ESI charges \$35k for this ACA Statin Trend Management Solution
 - \$231k net cost increase to the State with ESI fee
- Recommend Option 1
 - Simpler messaging to GHIP participants
 - Less to manage administratively (e.g., no need for exception process if other constraints in Option 2 not met)

3D Mammography (Breast Tomosynthesis)

- 3D Mammography (Breast Tomosynthesis) is increasingly being covered by major health plans for screening and diagnostic purposes
- 50% of women have dense breast tissue and have a high risk for developing breast cancer. These women are also more likely to have a cancer that is missed by traditional (2D) mammography
- Until recently, 3D mammography was covered for diagnostic purposes only — that is, to confirm a diagnosis of breast cancer after the completion of a screening mammogram with inconclusive results
- Recent guidance from the National Comprehensive Cancer Network (NCCN) has influenced national payers to adopt coverage of 3D mammography as an option for routine screenings
- The NCCN cites multiple studies that show combined use of digital mammography and tomosynthesis appears to improve cancer detection and decreased call back rates
- However, the US Preventive Services Task Force (USPSTF) concluded in a 2016 update that the current evidence was insufficient to assess the benefits and harms of digital breast tomosynthesis as a primary screening method for breast cancer, as it has not been proven to reduce mortality
- Recommend following the technical evaluation criteria recommended by Aetna and Highmark to determine whether to adopt coverage of 3D mammography for routine screenings

3D Mammography (Breast Tomosynthesis)

➤ Medical TPA technical evaluation criteria and estimated annual cost

➤ Aetna

- Considers digital breast tomosynthesis (3D mammography) as a medically necessary acceptable alternative to standard (2D) mammography¹
- Considers computer-aided detection (CAD) a medically necessary adjunct to mammography
- Guidelines for medically necessary annual mammography screening
 - For women aged 40 and older
 - For younger women who are judged to be at high-risk [further defined within the policy bulletin]
 - For men with a prior history of breast cancer

➤ Per Aetna's coverage policy bulletin "Mammography", Number: 0584. Policy was last reviewed on 7/1/17 and is due for its next review on 6/7/18.
http://www.aetna.com/cpb/medical/data/500_599/0584.html

➤ Highmark

- Covered as both preventive and diagnostic service for both fully insured and ASO (self-funded) membership²
- Payment will be made for one screening mammography including computer-aided detection (CAD) OR screening mammography with digital breast tomosynthesis per calendar year for asymptomatic individuals with female anatomy 40 years of age or older
- Self-referred screening mammograms for individuals with female anatomy under age 40 are not covered
- Diagnostic mammograms are covered according to a member's individual or group customer benefits, that includes standard diagnostic mammography and diagnostic digital breast tomosynthesis

➤ Per Highmark's commercial medical policy "Mammography", Number: X-21-013. Policy was last reviewed in November 2016 and is effective 1/1/18.
<https://secure.highmark.com/ldap/medicalpolicy/delaware-commercial-medical-policy/X-21-013.html>

- **Estimated annual cost** to cover preventive 3D mammography at no cost to members is approximately **\$837,000** (assumes 7/1/18 effective date)
- Average breast cancer costs 24 months post diagnosis – Stage 0 - \$72,000/Stage IV - \$183,000

[Am Health Drug Benefits. 2016 Feb; 9\(1\): 23–32.](#)

» An Ounce of Prevention Is Not a Choice a Patient Gets to Make for Late-Stage Cancer

Recommendation

Statin Coverage for July 1, 2018 -

- Waive copay (\$0 copay) for all generic statins for members in a certain age range, both preventive and non-preventive usage

3D Mammography for July 1, 2018

- Adopt coverage for preventive 3D mammography at \$0 copay as per guidelines for Aetna and Highmark